	BEFORE THE STATE OF WASHINGTON ENERGY FACILITY SITE EVALUATION COUNCIL
SUM	EE APPLICATION NO. 99-1 DESCRIPTION OF STATE OF
	CONSTANCE HOAG'S PREFILED DIRECT TESTIMONY
	WITNESS # 3: DR. NATHAN KRONENBERG
Q.	Please introduce yourself to the Council.
A.	My name is Nathan Kronenberg.
Q.	What is the subject of your testimony?
A.	My direct testimony is intended to address the following subjects: noise and its
	physiologic and psychologic effects.
	Background & Experience
Q.	Please describe your background.
A.	I have a Bachelors Degree in Science, a Doctor of Medicine degree, and a
	specialty degree in Psychiatry. I am a licensed Physician in the state of
	Washington and a life member of the American Psychiatric Association. I have
	sixteen years of experience in general medicine and twenty-six years of
	experience in the field of psychiatry. Please see attached Exhibit(NK-1)
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1	Q.	Do you have knowledge and background in the physiologic and psychologic
2		impacts of noise?
3	A.	Yes, both from personal experience and literature research.
4		
5 6		Testimony
7		
8	Q.	The Sumas noise ordinance states that "excessive noise is a form of
9		pollution which has direct and harmful effects upon the health and welfare of
10		persons exposed to such sound, lowers the value of impacted properties and
11		generally adversely affects the livability, peace and comfort of the impacted
12		neighborhoods and the City as a whole; and Whereas, it is the declared
13		policy of the City to minimize the exposure of citizens to the psychological
14		and physiological dangers of excessive noise and to protect, promote and
15		preserve the public health, safety and welfare. It is the express intent of the
16		City Council to control the level of noise in a manner which promotes
17		commerce; the use, value and enjoyment of property; sleep and repose; and
18		the quality of the environment." What harmful effects, or physiological and
19		psychological dangers could be anticipated?
20	A.	I will first list the physiologic impacts of noise and later go into details and
21		supportive scientific literature.
22		#1: Hearing impairment
23		#2: Sleep disorders, both acute and chronic
24		#3: Cardiovascular effects
25		#4: Gastrointestinal effects
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1		#5: General health effect
2		#6: Fetal responses in pregnancy
3		and now the phsychologic dangers:
4		#1: Personality changes with irritability and aggressive behaviors
5		#2: Impaired concentration and depression - even suicide
6		#3: Social conflicts and anti-social behavior
7		#4: Increased use of tranquilizers and sleeping pills
8		#5: Disruption of learning in children
9		#6: Annoyance as a stressor leading to psychosocial effects
10	Q.	As a physician, do you review current medical literature to keep abreast of
11		research?
12	A.	As a requirement for continued licensure in the state of Washington, I am required
13		to participate in continued medical education yearly and to review the current
14		medical and psychiatric literature on an ongoing basis.
15	Q.	Are there available studies that you can cite that would to reference the
16		impacts of noise on human health and mental states?
17	A.	Yes. I am able to provide an extensive literature and bibliography addressing the
18		physiologic and psychologic impacts of noise.
19		The Noise Pollution Clearinghouse, a national non-profit organization cites the
20		following current list of general references, including, but not limited to:
21		(1) Noise and its Effects (Suter, 1991)
22		(2) Noise: A health problem (EPA, 1978)

I		(3) Noise Effects Handbook: A desk reference to health and welfare effects of
2		noise (EPA, 1981)
3		(4) Community Noise (WHO, 1995)
4		In addition, I am able to provide specific and more current U.S. and foreign
5		literature with reference to health effects.
6	Q.	What are the impacts of long-term exposure to continuous noise levels, even
7		at lower decibel levels?
8	A.	Recent studies have demonstrated psychosocial effects of noise annoyance due to
9		environmental noise such as road, railway, and aircraft even in lower decibel
10		ranges in populations chronically exposed (aircraft noise rates as most annoying
11		of the three.) Specific disturbances in sleep pattern and sleep stages, including
12		nighttime awakening due to noise have been measured as low as 35-40 decibels.
13		(Environmental health perspectives: Noise exposure and public health 3/2000)
14		See Exhibit(NK-2)
15	Q.	What are the specific psychologic effects of sleep disturbances due to noise?
16	A.	Mood changes and cognitive impairment are the two general responses noted and
17		documented by studies. Anger, frustration and even depression have been
18		associated with noise exposure, including aggravation of existing emotional
19		disorders. Cognitive impairment is manifest as poor concentration and focus.
20		
21		
22	Q.	What other psychosocial effects have been studied?

1	A.	Chronic exposure to environmental noise has been studied in epidemiologic
2		investigations of annoyance, well being, and psychiatric hospitalization. The
3		main effect observed in these studies is annoyance. Noise annoyance is manifest
4		by feeling of resentment, displeasure, discomfort, dissatisfaction or offence when
5		noise interferes with one's thoughts, feelings, or actual activities.
6	Q.	"Noise" is defined in the Sumas ordinance as "the intensity, duration, and
7		character of sounds from any and all sources." Could you explain the
8		significance of intensity, duration, and character of sounds, in their effect on
9		humans?
10	A.	The measurement of pitch in Hertz, the physical quantity sound pressure level
11		expressed in decibel, and of course the duration of the sound all provide a basis
12		for predicting the effects on the human organism. Increasing levels of any of
13		these carry with it the increasing risk of adverse impacts, even given the absence
14		of one or the other.
15	Q.	What is vibroacoustic disease (VAD), its origins and relationship to LPALF
16		noise and its effects on the human body?
17	A.	VAD is an extra-aural noise induced pathology, induced by long term exposure to
18		large pressure amplitude and low frequency noise (LPALF). Its human
19		consequences, generated by noise induced vibration, are primarily to the
20		cardiorespiratory apparatus. Symptoms are chest pain, mood swings, back pain,
21		fatigue and other less frequent complaints. There are a number of diagnostic
22		medical tests available to measure the changes to the body, specifically the
23		cardiac and respiratory system. Noise induced vibration is airborne until impact
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1		with human tissue. Conclusions of a recent study suggest that noise should cease
2		to be simply characterized only in terms of decibels and that all noise assessments
3		should be accompanied by a frequency spectrum analysis. (Aviation, Space, and
4		Environmental Medicine: March 1999). See Exhibit(NK-3)
5	Q.	Do you have any other comments regarding noise that you would like to
6		address to the Council?
7	A.	Yes, in conclusion I quote Dr. William H. Stewart, former U.S. Surgeon General:
8		"calling noise a nuisance is like calling smog an inconvenience. Noise must be
9		considered a hazard to the health of people everywhere."
10		
11		END OF TESTIMONY
12		I declare under penalty of perjury that the foregoing testimony is true and correct
13	to the	best of my knowledge.
14		DATED: June, 2000
15		
16		By
17 18		Nathan Kronenberg
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	EXHII	BIT (NK-T) Constance Hoag